

RECEIVED
CENTRAL FAX CENTER

4807322402

Line 1

FEB 09 2006

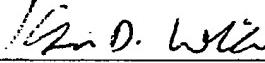
02:19:44 p.m.

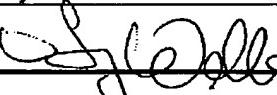
02-09-2006

1 / 20

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/015,158
		Filing Date	December 11, 2001
		First Named Inventor	Dale Emerson Ray
		Group Art Unit	2666
		Examiner Name	Salman Ahmed
Total Number of Pages in this Submission	20	Attorney Docket Number	CE04833N

ENCLOSURES <small>(check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> 14 Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Transmittal Form
<input type="checkbox"/> 4 Information Disclosure Statement	<input type="checkbox"/> CD, Number of CDs _____	
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks 1 page Cited Art	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Kevin D. Wills		Registration No. 43,993
Signature			
Date	February 9, 2006		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number <u>571-273-8300</u> or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	V. Lynn Webb		
Signature			Date February 9, 2006